

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMV 72964
 at Workshop m/s Sum
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 685
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 1.3.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 27A 47427
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SMV 72964 Yr Regn: 16/10/20
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer or CA
 Make: Honda vezel C.C. 1496
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 777 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RUI 1326605
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60 R16
 R: _____
 BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 9 mm Rear 9 mm
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 29/10/20 D.O.I. 2/11/20
 Survey held at _____
 Des. of Damages: Rear / Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear 1CS
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

7M1 57A.
2/2 @ 2818.88 (Red @ 7634.72, 48%).

Date/Time, File Pass to?

1) 06/11/2019

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) 7P
2818-88Days Of Repair: 4Resurvey No. of Trip: 2Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

) \$ - RS. \$

) Photos

) Others

TOTAL

140

90

90+90

77

80

447